

HC-One Limited

Cedar House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedar House offers accommodation and personal or nursing care for up to 42 older people, some of whom are living with dementia. Accommodation is provided on the ground floor and first floor of a purpose-built building. There were 31 people using the service at the time of our inspection.

Cedar House is part of HC-One Oval Limited, a large organisation which owns over 300 care homes across the United Kingdom.

People's experience of using this service and what we found

People's needs were not always met. The provider sought advice from external professionals where people's needs required this. However, staff did not always follow instructions from them or take prompt actions as advised.

Improvements have been made to the management of medicines, for example in relation to people who were given medicines covertly. However, further improvements were needed to ensure robust arrangements were in place to ensure people received their medicines safely.

Systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements had improved, but had failed to identify the issues we found during our inspection.

Risks to people's health and wellbeing were assessed, and there were guidelines for staff to follow to deliver safe care to people who used the service. This included risks in relation to COVID-19.

There were systems in place to protect people from the risk of infection and cross contamination and staff had received appropriate training in this. There were good measures in place in relation to COVID-19 and staff adhered to guidelines.

There was a policy and procedure for the recording of incidents and accidents, and these were recorded and investigated appropriately. Lessons were learnt when things went wrong.

Staff were recruited safely and the provider had employed new care staff to fill all vacancies.

Staff felt supported by the management team and said they worked well together. There were regular staff meetings where all important information was shared. Issues raised were being addressed more consistently.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 11 June 2020) and there were multiple breaches of regulation. The service was placed in special measures as it was rated inadequate in the safe, caring and well-led key questions and overall. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

While some improvements have been made at this inspection, the provider was still in breach of regulations.

Why we inspected

We undertook this targeted inspection to check whether the Warning Notices we previously served in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. During the inspection, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, person-centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

The overall rating for this service is 'requires improvement'. However, as the service is rated inadequate in the caring key question from the last inspection, we continue to place the service in 'special measures'. We do this when services have been rated as inadequate in any key question over two consecutive comprehensive inspections. The inadequate rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cedar House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) as well as the requirement notice for a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During the inspection, we made the decision to widen the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector. A member of the CQC medicines inspection team carried out a remote inspection, by looking at records and speaking with staff about how medicines were being managed. An Expert by Experience undertook telephone interviews with the relatives of the people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cedar House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included the last inspection report and the provider's action plan. We had also carried out an Emergency Support Framework call to the provider (a telephone call where we assessed how the service was managing during the COVID-19 pandemic) in June 2020. We looked at other records we held which included notifications of significant events.

We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven members of staff including the registered manager, turn around manager, clinical lead, registered nurses and care workers. Because of the current situation with Covid-19, we were not able to speak with people who used the service or carry out observations in communal areas. However, during the visit, we spoke with 11 relatives on the phone to seek their feedback about the care provided.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed eight staff members and received a reply from three. We also emailed seven professionals who regularly visit or work with the service and received a reply from two.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 12.

- Some medicines administration records (MARs) were hand written by the staff These were mostly written appropriately and then checked and signed by two members of staff as per the provider's procedures. However, for one person the hand-written MAR was not dated. Also, the staff had transcribed the dosage interval incorrectly from how the medicine was prescribed. This meant the person might not receive the medicine as prescribed. For another person their hand-written MAR was checked and signed by one member of staff but the date when it was written was not recorded.
- Information in people's medicines care plans was not always accurately recorded. We reviewed one person's medicines care plan and staff had not recorded the date the care plan for seizures was written. This meant there was a risk the staff may not know if the information about the person's medicines was current.
- Some people were prescribed medicines to be taken when required (PRN). Guidance in the form of PRN protocols was not always person centred to help staff give these medicines consistently as prescribed. We found for two people there were no PRN protocols in place for medicines prescribed for constipation. Also, for another medicine the staff had incorrectly recorded in the PRN protocol, the dosage instructions as prescribed by the GP. This meant that staff might not have had the correct information to administer PRN medicines to people according to their needs.

The fact that the arrangements to manage people's medicines were not robust meant that people were placed at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Where people were being given their medicines covertly, staff had carried out the necessary assessments to help ensure this was the right decision for the person. Staff involved the GP and relatives in the decision-making process. Staff consulted the pharmacist for advice about the most appropriate way to give medicines covertly. Covert administration is when medicines are given to a person without their knowledge

and often disguised in food or drink.

- The provider had updated the medicines policy and procedure in place and there were processes in place to report medicines incidents and errors. Staff members were competency assessed and received training to handle medicines.
- Some people in the home were prescribed insulin for diabetes. The staff monitored their blood glucose levels daily. We saw evidence they informed the GP when the blood glucose level was consistently high to get the dose of insulin changed thus effectively manage their blood glucose levels. This reduced the risk the person would become unwell.

Assessing risk, safety monitoring and management

At our last inspection, we found staff did not always follow risk assessment guidelines and did not always support people safely, putting them at risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvement had been made and the provider was no longer breaching this part of regulation 12.

- Most relatives felt their family members were safe. However, four relatives were concerned their family members had fallen on several occasions. This was fed back to the provider during our feedback. We saw the provider kept a log of all the falls and these were analysed so they could take appropriate action to reduce the risk of further falls. As a result, six people were receiving one-to-one support at all times.
- The registered manager had put in place some protocols in relation to safeguarding and falls prevention. They had created pocket-size cards for staff to carry with them and refer to in the event they were faced with a situation and needed to take prompt action. The provider carried out dependency assessments to help ensure they could meet the person's needs in terms of staffing levels.
- Where there were risks to people's safety and wellbeing, these were assessed. Risk assessments were detailed and contained the level of risk and measures in place to minimise this. Risks assessed included, poor nutritional intake, falls, medicines and personal care. There were environmental risk assessments including the hairdressing salon, kitchen, safe use of electrical equipment, dining area and garden. There were visiting risk assessments in place for indoor and outdoor visits. These were detailed and regularly reviewed and updated as needed.
- The home had a Covid-19 risk assessment report which was regularly reviewed. They also had a prevention and protection plan in place, which provided guidelines in line with advice from the government and Public Health England (PHE). This was subject to change as guidance was updated.
- At our last inspection, we saw people were not always transferred safely. At this inspection, we did not observe anybody being transferred so could not comment if this had improved. However, we noted that additional training had taken place in this area, as well as supervision of staff to help ensure they understood how to safely mobilise people.

Learning lessons when things go wrong

- The provider kept a log of all incidents and accidents that happened at the service. In addition, the registered manager investigated these to analyse the possible cause and how to prevent this from happening again. Lessons learnt were shared with staff and discussed so they all worked towards preventing reoccurrence. Staff were required to sign they had read the documents and understood these.
- Where an accident was serious, such as a fall resulting in a fracture, the provider undertook a root cause analysis. This looked in fine details what may have happened and what may have caused the accident. This helped staff to understand how the accident could have been prevented. There had been a reduction in incidents and accidents since our last inspection.

Systems and processes to safeguard people from the risk of abuse

- Most of the relatives we spoke with indicated their family members were safe. One relative told us, "I have not got any concerns about [family member] being there or any of the staff." A healthcare professional stated, "I do not have any current concerns regarding the care provided."
- The provider had a safeguarding policy and procedure, and staff were aware of these. Staff received training in safeguarding adults and regular refreshers. When asked what they would do if they witnessed abuse, a staff member told us, "I would report to the manager and let them know it is not acceptable" and another said, "I would comfort the resident at the time as they could be scared if someone raised their voice. I would try to make things as calm and normal as possible for them and then go and report it to the nurse on shift and the manager."
- The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns. We noted the number of safeguarding concerns had reduced since our last inspection.

Staffing and recruitment

- Since our last inspection, some staff had left, and the registered manager acknowledged they were short of qualified nurses. However, they told us they had regular agency nurses to cover all the vacancies and they were 'very good'. They added that the only shortfall was in relation to care planning as the agency nurses did not undertake this task. They were hopeful that this would shortly improve as one senior care worker was currently training to become a nursing assistant.
- None of the relatives we spoke with highlighted concerns in relation to staffing. One relative told us, "My [family member] has a one to one which is fine for [them]. I have not noticed any shortage of staff when I have been in the home."
- Following a recruitment drive for care staff, the home was now fully staffed and only used agency staff to cover staff sickness and provide one to one support to people where this was required. Agency staff were regular and knew people well. There was a full profile on file for each of them to show they had received the relevant training and recruitment checks and were able to support people safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notices we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider was not providing person centred care to people according to their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Where people had healthcare needs, as advised by professionals, prompt action was not always taken to meet these. For example, a person's care plan dated 14 September 2020 stated the physiotherapist had asked the provider to refer the person to the mobility service in order to assess them for a wheelchair. We saw evidence the referral was not done until the day after our inspection.
- The same person's care plan also stated the physiotherapist had asked staff to place cushions in their chair as this was too low. We were informed the physiotherapist had found this was not done on two occasions when they visited, and they had to go and find some cushions for the person.
- Although most relatives felt their family members' personal care needs were met, two relatives were not always happy with this. One relative told us, "I noticed [family member] was not as clean as [they] could be. [They] looked unkempt. There were spillages on [their] clothes... sometimes [their] hands are dirty, they clearly had not wiped them after [their] meal." They added, "Once I visited and [they were] wearing pyjama bottoms. The [staff] said they thought they were trousers." We fed this back to the provider after our inspection and they told us they were addressing these issues.

The provider had not always ensured that the care and treatment provided to people was appropriate, met their assessed needs, or reflected their preferences. This was a repeated breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At our last inspection, we found that staff did not always meet people's communication needs. At this inspection, we found that improvements had been made. In particular in relation to a person for whom English was not their first language. The registered manager showed us evidence that staff had learned new words and sentences in the person's language and had started using these on a daily basis. They told us the person had responded well and this had contributed to them bonding with the care staff and the person's wellbeing. Sentences they used included, "Are you thirsty?", "Where would you like to go?" and "Can I assist you with personal care?"

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- At our last inspection, we found the application of the systems to monitor and improve the quality of the service had been ineffective as standards had deteriorated. At this inspection, we found improvements had been made but further improvements were required.
- Monitoring systems had not identified that people's needs were not always being met in a timely way, because they had not identified that staff had not followed an external professional's instructions and advice in relation to a person's wellbeing and equipment they needed.
- The provider carried out internal medicines management audits. The quality of the audits had improved since our last inspection. However, further improvements were needed so that the audits were used effectively to help the staff in making the necessary improvements and manage medicines safely.

The provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, we saw improvements were ongoing and the registered manager and turn around manager were working hard to put more effective quality assurance systems in place.
- The provider's audits were frequent and detailed. They included health and safety, infection control, catering and environmental audits. The senior managers undertook regular internal inspections and where they identified areas of concerns, there were actions plans put in place to make the necessary improvements.
- The registered manager was now undertaking twice daily walk rounds. This included checks of infection control, dining experience, people's care and general checks. They also recorded any comments made by

people who used the service and any visitors on site. These walk rounds were recorded and signed, and any concerns were addressed without delay. For example, staff were reminded about wearing PPE correctly and to ensure a person was receiving regular oral care.

- There were checks of people's care plans. The service used a 'Resident of the day' system where each day, a person's care plan and records were audited. These included risk assessments, accidents and incidents, healthcare professional visits, monthly weights, medicines checks and any outstanding concerns. Where there were concerns, actions required were recorded and the appropriate staff members were expected to make the necessary improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Overall, relatives were happy with the staff and management team, and thought there had been improvements made. Their comments included, "[Registered manager] is very nice and helpful", "I have had a couple of meetings with [them] and [they] seem quite nice" and "The manager will get on the case and investigate things." However, one relative stated, "I don't have confidence in the manager and there is no sense of leadership. When I ask a question, [they] have to refer to the staff. To me, a manager should know what is going on."

- At our last inspection, we found there was a poor culture among the staff. At this inspection, we saw evidence this had been addressed and improvement had been made. Following our last inspection, a 'turn around' manager had been working in the home, supporting the registered manager to address the concerns and embed good practice.

- The negative culture of the home and staff conduct issues had been addressed via staff meetings, supervision, training and through the provider's disciplinary procedures. Some staff had left and others were being monitored and assessed regularly to help ensure they made the necessary improvements. One staff member told us, "For the past couple of months, we've been undergoing more training and learning a lot more. I think we are improving so much" and another said, "We receive supervision from our supervisors, lessons learned are done for incidents which we read and sign to make sure the incident does not occur again."

- The 'turn around' manager explained how they worked to make sustainable improvements. They said, "We had a lot of staff meetings to discuss the [last inspection] report, and how we can make the changes from now on. It is about communication and work together and change that culture. It has been difficult but now improving. Some staff have been put on a performance improvement plan." The staff we spoke with demonstrated they cared and respected the people they supported. One staff member told us, "We really care for the residents. They deserve the best."

- Staff reported they felt supported by the management team. One staff member told us, "Very supportive. [They] lead by example, firm but fair. Will give you credit where credit is due and tell you if you are wrong. I have learned a lot from [them] and I am truly grateful for the encouragement and support [they] has given me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made or incidents happen, and to offer an apology. They reported incidents to the relevant agencies and dealt with complaints in line with their policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to voice their opinion of the service and there were regular meetings for people

who used the service. Subject discussed included food, cleanliness of the rooms, laundry, staff, activities and home updates. We saw people were generally happy with the home and the support they were receiving. Where there were any concerns, we saw that an action plan was put in place immediately. For example, one person needed more activities to use their brain, so a private discussion followed, and they were provided with material they wanted such as word search and daily crosswords from the newspaper.

- There were regular staff meetings where all relevant subjects were discussed, such as infection control, training, improvements needed and inspections. In addition, there were daily 'flash meetings' These were for staff to discuss at the start of their shift, who was on duty, anything important to share, important information about people who used the service, and housekeeping.
- People and relatives received a regular newsletter where relevant information was provided such as new activities, celebrated events, birthdays and any reminders.

Continuous learning and improving care

- The registered manager told us they had worked hard to make improvements since our last inspection and had learned valuable lessons. They said, "We have been more proactive. Also, the staff morale and the residents' morale are important." They told us they met with all the staff team to discuss the concerns that had been raised. They said, "The staff were really de-motivated and sad. We had to explain why there needed to be improvements. Some left, but others have worked really hard, and we have new staff now. The culture is so much better now. Things are really improving and it's a happier place."
- We saw the provider had received compliments from relatives. Comments included, "The warmth and care [Staff names] showed [our family member] was very comforting and reassuring" and "Thank you for the care you gave [family member] to the end."

Working in partnership with others

- The registered manager told us they had received a lot of support from the local authority. They explained they had their own team of professionals available to visit people who used the service as they needed. Staff were able to contact them when they needed a healthcare professional such as an occupational therapist, or GP. The registered manager told us this had been helpful.
- The registered manager had been involved with the 'Care home improvement team'. The local authority's quality assurance manager had told the registered manager about this and they had volunteered to take part. Participants included managers and other professionals who met once a week. The purpose of the meetings was to discuss any concerns in services, and what had worked well to make improvements.
- The registered manager told us they also liaised regularly with the community matron who helped them to review and update care plans and take part in reviews with the GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not do everything reasonably practicable to make sure that people who used the service received person-centred care and treatment that was appropriate, met their needs and reflected their personal preferences. Regulation 9 (1)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager did not always assess the risks to the health and safety of service users of receiving care or treatment. Regulation 12 (1) (2)
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not have effective arrangements to assess, monitor and improve the quality of the service. Regulation 17 (1) (2)